
Adolescent Births: A Statistical Profile

Massachusetts 1998

Supplement to Advance Data BIRTHS 1998

***Massachusetts Department of Public Health
Bureau of Family and Community Health, Office of Statistics and Evaluation
Bureau of Health Statistics, Research and Evaluation***

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Foreword

Changes in birth data collection affecting information in *Adolescent Births: A Statistical Profile, Massachusetts 1998*¹:

In 1996, Massachusetts implemented a major revision to the birth certificate form and, at the same time, installed in Massachusetts maternity hospitals a new Electronic Birth Certificate (EBC) system. A copy of the current birth certificate has been added to the appendix. As a result, Massachusetts natality data from 1996 onward will afford public health researchers, program planners, the health care community, and the public with vastly expanded information that more accurately reflects their needs and the times. The transition period affected several elements of the 1996 onward. As a result, not all elements can be compared precisely with data published in editions of this report prior to 1996.

Race/Ethnicity: The birth information on detailed ethnicity/ancestry groups has been greatly expanded. The assignment of race and ethnicity categories has been slightly modified to more accurately reflect mothers' actual responses. Self-reported information is used for all races and ethnicity groups. (Mothers who identify themselves as Hispanic are classified as Hispanic regardless of any additional race information they provide.) Race data has been separated from ethnicity/ancestry data for the reader's convenience. Please note that the detailed ethnicity groups may not sum to the broad race categories: for example, women who selected detailed ethnicity groups such as Chinese or Japanese may also identify any race group – Asian, white, black or other.

Adequacy of Prenatal Care: In 1996, Massachusetts implemented a major revision to the birth certificate form and installed a new Electronic Birth Certificate (EBC) system in Massachusetts maternity hospitals.² Adequacy of prenatal care is among the data elements affected by the revisions to the birth certificate in 1996. In particular, adequacy of prenatal care information for the years 1996 and following can not be directly compared to data for preceding years. This year's publication reflects an additional computational adjustment in the calculation of adequacy

¹ Adapted from the Technical Foreword in *Advance Data: Births 1998*.

² Beginning in 1996, the collection of data for calculation of the Kessner Adequacy Index differed from previous years. From 1986 to 1995, data elements for use in calculating the adequacy index were as follows: Number of Prenatal Visits (NPV), adjusted by birthweight for premature infants, and Month of Pregnancy that Prenatal Care Began (MPPCB), coded as 1-9. Hospitals were required to calculate the MPPCB from data available in medical and prenatal records. Since 1996, the data elements for use in calculating the adequacy index are still NPV and MPPCB (1-9). However, currently, NPV is adjusted by the clinical estimate of gestation for premature infants rather than by birthweight. Secondly, rather than have individual hospitals make determinations of MPPCB, the new birth certificate asks hospitals to report the precise Date of First Prenatal Care Visit (DFPCV). This increases the consistency of data collection across facilities and yields a more standardized calculation of MPPCB. Rather than unexpectedly, MPPCB in 1996 showed a marked decline in first trimester visits when DFPCV was used to determine the month as opposed to hospitals reporting just the month. When comparing the adequacy index for 1995 through 1997, there is an almost universal decline in state and hospital adequacy rates. This decline is unlikely to reflect a significant actual decline, but rather a data adjustment due to more accurate data collection in 1996 and 1997.

of prenatal care to make Massachusetts data more comparable to the calculations recommended by the National Center for Health Statistics. This new calculation reduces the number of unknown adequacy scores from 995 to 469 in 1998. Adequacy of prenatal care has been recalculated for 1996, 1997, and 1998. These numbers will differ slightly from previously published data.

U.S. Born: Women born in the U.S. and its possessions or protectorates, including the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and Guam. Prior to this year, women born in Puerto Rico, the U.S. Virgin Islands, and Guam were included in the “Other” category.

New Population data: The Massachusetts Institute for Social and Economic Research (MISER) is the official Massachusetts state population data center. MISER has completed final estimates for 1991-1997 by age, race, and gender at the community level. These population numbers are used in this publication. Birth rates for all years after 1990 reflect these changes. The 1998 teen birth rate is calculated using the 1997 MISER population estimate, the latest year of data available. All future publications will use the latest MISER figures available for intercensal estimates. As a result of using the updated population estimates, age-specific birth rates in this report differ from previously published data for 1991-1997.

We apologize for any inconvenience these changes might cause. Ultimately, we feel these modifications will greatly enhance the quality, completeness, depth, and utility of the birth certificate data and this publication.

Additions/Modifications to Adolescent Births: A Statistical Profile, Massachusetts 1998 Tables:

A new category, titled “HMO”, has been created within Table 7. Births by Mother's Race/Hispanic Ethnicity, Age, and Prenatal Care Payment Source. In prior years, these data were classified under Private Insurance.

A population table has been added to the Appendix for the top 25 communities with the highest teen birth rates. This table includes the new population estimates for females ages 15-19 by the Massachusetts Institute for Social and Economic Research (MISER). This table also includes teen birth rates using the new and old population estimates as well as the percentage change in the birth rate as a function of the change in the population estimates.

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